

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001217

FILED
Mar 16, 2006
Secretary of State

Entity Name: AFFINION BENEFITS GROUP, INC.

Current Principal Place of Business:

400 DUKE DR
FRANKLIN, TN 37067

New Principal Place of Business:

Current Mailing Address:

1 CAMPUS DRIVE
PARSIPPANY, NJ 07054

New Mailing Address:

100 CONNECTICUT AVENUE
NORWALK, CT 06850

FEI Number: 06-1282786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 323214-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: LIPMAN, NATHANIEL J
Address: 100 CONNECTICUT AVENUE
City-St-Zip: NORWALK, CT 06850

Title: VPS () Delete
Name: SOUTHARD, KIMBERLY
Address: 400 DUKE DRIVE
City-St-Zip: FRANKLIN, TN 37027

Title: SVP () Delete
Name: FORD, DAVID
Address: 400 DUKE DRIVE
City-St-Zip: FRANKLIN, TN 37027

Title: D () Delete
Name: CHRISTOPOUL, THOMAS D
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSEPPANY, NJ 07054

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPT (X) Change () Addition
Name: FINO, ALBERT
Address: 100 CONNECTICUT AVENUE
City-St-Zip: NORWALK, CT 06850

Title: D () Change (X) Addition
Name: LIPMAN, NATHANIEL
Address: 100 CONNECTICUT AVENUE
City-St-Zip: NORWALK, CT 06850

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT FINO

VPT

03/16/2006

Electronic Signature of Signing Officer or Director

_____ Date